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PSYCHODIAGNOSTIC ASSESSMENT REPORT

I. IDENTIFICATION

NAME : Heriberto Claudio Abreu
AGE : 29 years old
MARITAL STATUS : Cohabiting
DATE OF BIRTH : June 4, 1985
EDUCATION : 6th grade
CASE IDENTIFICATION : 00433-JAG
COUNTRY OF ORIGIN : Puerto Rico
EVALUATION PERIOD : July 11, 2014
DATE OF REPORT : July 13, 2014

II. REFERRAL QUESTIONS

Mr. Heriberto Claudio Abreu is referred by Defense Counsel, Attorney Joseph Laws, for a psychodiagnostic assessment. The focus of the assessment is to evaluate Mr. Claudio's mental health status.

III. EVALUATION CRITERIA

The following criteria are used as the basis for the evaluation findings and recommendations:

V

1. Administration of the following psychological tests:

Rorschach Psychodiagnostic Plates (RIAP Program)

Bender Visual Motor Gestalt Test (Lacks System)

EIWA-III (Escala de Inteligencia Wechsler para Adultos, Third edition)

2. Clinical interviews with Mr. Heriberto Claudio; and
3. Clinical observation of Mr. Heriberto Claudio.

IV. CLINICAL HISTORY

Mr. Heriberto Claudio provided the following clinical history.

Mr. Heriberto Claudio is a 29-year-old Hispanic male born in Chicago, Illinois on June 4, 1985. Mr. Claudio describes a childhood characterized by neglect, instability, abandonment, and poverty. He has 9 siblings and his parents divorced when he was 4 years old. Mr. Claudio lived with his mother until the Department of the Family removed him from her care due to allegations of abuse and neglect. He was placed in his aunt's house and then moved to a different aunt's home.

Mr. Claudio was later placed in a foster home with his younger brother. He narrated that his foster parent was abusive towards him and his sibling. If his younger brother (3 years old) wet the bed, the foster parent would force him into the shower fully clothed and then make him walk outside, soaking wet, in the early morning fog (neblina). This foster parent also "taught" Mr. Claudio to swim by tossing him in the pool and walking away from the pool, leaving him to fend for himself. He described being terrified and close to drowning during these "swimming lessons." After multiple negative experiences in various placements, Mr. Claudio and his brother would frequently run away from the foster homes.

The only placement that Mr. Claudio remembers with fondness was when he was placed with a teacher from his school (Mrs. Méndez). Mr. Claudio felt loved and supported in this home and described Mrs. Méndez as the only person who has ever shown an interest in his well-being. Under her care, he began doing well in school and felt secure. During his placement with Mrs. Méndez, his professional goals were to become a policeman.

Mr. Claudio's mother petitioned the courts in order to regain custody of her children and they were eventually returned to her care. Mr. Claudio stated that his mother sold drugs and by the time he was 8 years old he was "cutting cocaine" (cortando perico) at home and

supervising cockfights.

After a few months living with his mother, he ended up living with his alcoholic father. His father would frequently get throw him out of the house during his alcohol binges. Mr. Claudio got tired of being thrown out of his home and at age 11 left home. He started living on the streets and lived in an abandoned car full of trash for some time. On occasion his father would search for him and he would come home for a few days until his father would kick him out again.

After age 11, Mr. Claudio was mostly living in the streets and abandoned school in 6th grade. Mr. Claudio was often hungry and when he lived in the car he would eat mangoes, jobos and pomarossa, which were the tropical fruit available in his area. He remembers seeing his friends toss food in the garbage but was too embarrassed to ask for the leftover food. When he left school, his parent did not care and made no effort to encourage their son to stay in school. Mr. Claudio could not return to his mother's house because her husband (his step-father) did not want him in the home. Mr. Claudio stated, "I always wished that my parents were together and they would have corrected me, even hit me, but having them support me so that I would have stayed in school and would have continued. Now I have done the same thing that was done to me, I have abandoned my children (by being incarcerated)." ("Hubiese querido tener a pai y mai regañandome y dándome, pero que me apoyaran en la escuela y que pudiese salir adelante. Hice lo mismo que me hicieron a mí, abandoné a mis nenes.") Mr. Claudio's parents did not physically abuse him although he did witness domestic violence in the home. Mr. Claudio's father would hit his mother but not the children.

Currently, his mother lives in Ohio and prior to his arrest he had not seen his father in 10 years. His father recently waved at him from the highway in front of MDC. Mr. Claudio stated that he cried all day after seeing his father on the highway waving at him.

Prior to his arrest, Mr. Claudio was cohabiting with his partner of 7 years. The couple has 2 children ages 1 and 4. He has two children from a previous relationship ages 10 and 7. Mr. Claudio had been actively involved in his children's lives until he was arrested. The well being of his children has been a source of constant distress during the 11 months that he has been incarcerated.

Mr. Claudio attended school until 6th grade. He failed first grade

but was able to learn to read and write. He reported problems with memory. Previous employment included working in factories and as a maintenance worker at the airport.

Mr. Claudio began using marijuana at 8 years old and smoked for 3-4 months but stopped using because he “did not like it.” He did not like drinking alcohol because it reminded him of his father. Mr. Claudio did not use cocaine but became addicted to Percocet after he injured his back a few years ago. Mr. Claudio was using Percocet multiple times a day for years prior to his arrest. He stated he would wake up with pain in his bones, shivering, and with diarrhea every morning because his body was addicted to opioids. Mr. Claudio stated that he is grateful he was arrested because being detained at MDC forced him to quit his addiction to Percocet.

Mr. Claudio has never received mental health treatment or been hospitalized for mental health reasons. He is currently experiencing symptoms of insomnia, sadness, loss of energy, nightmares, suicidal thoughts without intent or plan, concentration and memory problems, decreased appetite, and anxiety. He is afraid of sharing his symptoms with the staff at MDC because he does not want to be placed in solitary confinement. Mr. Claudio has back problems, associated with herniated disks although he is currently not taking medication for any physical condition.

Mr. Claudio is detained at the Metropolitan Detention Center due to charges related to drug trafficking and a weapons charge. This is his first legal case in federal court. He plans to obtain a high school diploma while serving his sentence.

V. CLINICAL OBSERVATIONS DURING EVALUATION PERIOD

The evaluation process consisted of 1 session for a total of 3 hours of testing and interviews. The assessment session with Mr. Claudio was conducted at the Metropolitan Detention Center (MDC) in compliance with professional norms. The appropriate limits to confidentiality that apply to evaluations used in legal cases were explained to and accepted by Mr. Claudio.

It is the opinion of this evaluator that Mr. Claudio was able to comprehend the purpose of the evaluation. The evaluation was

conducted in Spanish at his request. Mr. Claudio cried during most of the evaluation. His acute distress was associated with the emotional and financial impact of his incarceration on his children. On numerous occasions he expressed regret, remorse, and worries over the well being of his children.

Mr. Claudio was cooperative and attentive during the evaluation process. He demonstrated a desire to do well in the testing and put forth his best effort in his performance.

Mr. Claudio was unable to provide enough responses on the Rorschach test to enable a valid interpretation. The test was discontinued since it would not yield valid results. It is suggested that Mr. Claudio's emotional distress interfered with his performance on this test.

VI. EVALUATION RESULTS

A. NEUROLOGICAL SCREENING

The Bender Visual Motor Gestalt test was corrected according to norms published by Lacks Adaptation of the Hutt-Briskin Scoring System (1999). The appropriate age and diagnostic classification were used for the normative analysis.

Based on the Lack's norms, Mr. Claudio obtained a Raw Score of 1, which demonstrates adequate visual motor coordination skills and competencies.

B. INTELLECTUAL FUNCTIONING

EIWA-III (Escala de Inteligencia Wechsler para Adultos, Third edition)

A comprehensive assessment of intellectual functioning was obtained through the administration of the Wechsler Adult Intelligence Scale, Third edition (EIWA-III, 2008, Spanish version). A total of 330 adults, ages 16 to 64 years, formed the standardization sample. U.S. Census in Puerto Rico (2000) was used for the normative sampling. (*Manual de Administración y Puntuación*, page 16).

Cautions made by test authors are duly considered in the weighing

of the data and in the role intelligence test data findings have in the overall analysis of the present referral. As an added measure of clinical caution, I.Q. scores suggested by the Wechsler Scales will be reported with the maximum range of error and level of clinical certainty. Thus, the scores will be offered within the 95% level of clinical certainty.

With these cautionary notes in mind, the following section will present the clinical findings for the intelligence scales administered. To aid in the interpretation of test scores, the definitions of terminology will be made.

1. Raw score reflects the points obtained in the subtest. Raw scores are then transformed statistically to a scaled score that ranges from a low of 0 to a high of 19 with 10 being the middle point.
2. Scaled scores are based on the normative sample to which the person's performance is compared. Scaled scores that range from 7 to 13 can be considered generally within the normal range.
3. Percentile ranks are based on a scale that ranges from 1 to 100. A percentile rank of 25 indicates that of 100 persons in the subject's age group taking the test, 75 would have obtained a score higher than that obtained by the person being evaluated.

EIWA-III TEST RESULTS BY SCALE

VERBAL SCALES

	RAW SCORE	SCALED SCORE
Vocabulary		
Verbal thinking, abstract thinking and the extent of verbal domain	26	9
Similarities	10	8
Ability to use logic, forms of verbal concepts, and the ability to make abstract comparisons		
Arithmetic	13	12

Attention, concentration, sequential ability, simple mathematical concepts, the use of reasoning

Digit Span 15 11

Attention, concentration, anxiety control, and short-term memory

Information 6 6

Reflects academic achievement, memory, anxiety control, cultural and educational exposure

Comprehension 11 9

Social judgment, common sense, moral sensitivity and social norms

Letter-Number Sequencing 28 9

Assesses working memory and attention, auditory memory

PERFORMANCE SCALES RAW SCORE SCALED SCORE

Picture Completion 21 13

Perceptual ability, visual perception and the ability to distinguish the essential from the non-essential

Digit Symbol-Coding 42 5

Visual motor coordination, concentration, rapid short term memory and the ability to integrate new information

Block Design 40 11

Anticipation, judgment, ability to analyze, abstraction, spatial coordination and visual motor coordination

Matrix Reasoning 20 13

A measure of visual information processing and abstract reasoning skills. The subtest is relatively culture-fair and language free and requires no manual manipulation.

Picture Arrangement	11	9
Ability to interpret social situations, anticipate consequences, perceptual and concept integration and social intelligence		
Symbol Search	28	9
Visual acuity and visual motor coordination		

ANALYSIS BY DOMAINS OF COGNITIVE FUNCTIONING

VERBAL I.Q. INDEX	I.Q. Index 88-98	Percentile Rank 32%
PERFORMANCE I.Q. INDEX	I.Q. Index 95-107	Percentile Rank 53%
FULL SCALE I.Q. INDEX	I.Q. Index 92-100	Percentile Rank 39%
VERBAL COMPREHENSION (Vocabulary, Similarities, Information) The Verbal Comprehension Index is a measure of acquired knowledge, verbal reasoning, and attention to verbal materials	I.Q. Index 83-94	Percentile Rank 21%
PERCEPTUAL ORGANIZATION (Picture Completion, Block Design, Matrix Reasoning) The Perceptual Organization Index is a measure of fluid reasoning, spatial processing, attentiveness to	I.Q. Index 105-119	Percentile Rank 81%

detail, and visual-motor integration

	I.Q. Index	Percentile Rank
WORKING MEMORY (Arithmetic, Digit Span, Letter-number Sequence) The Working Memory Index requires the examinee to attend to information, hold briefly and process that information in memory, and then formulate a response	101-116	73%

	I.Q. Index	Percentile Rank
PROCESSING SPEED (Digit Symbol- Coding, Symbol Search) The Processing Speed Index is a measure of the rate of the individual's ability to process visual information	77-96	14%

SUMMARY OF COGNITIVE FUNCTIONING

The EIWA-III results for Mr. Claudio register scores for the Full Scale I.Q. in the range of 92-100 (95% Confidence Interval) when compared with his normative age group: 25-29 years. These scores are classified in the category range of Average and with a percentile rank of 39. A percentile rank of 39 signifies that out of 100 persons in his age group taking the EIWA-III, 61 persons would have scored higher than Mr. Claudio.

There is a clinically significant difference in Mr. Claudio's scores, specifically the domains of processing speed and verbal comprehension are significantly lower than the other domains. It is probable that his symptoms of depression are having a negative impact on his processing speed. The verbal comprehension scores are most likely related to his poor educational experiences given that he did not complete 6th grade.

VII. DIAGNOSTIC IMPRESSIONS

American Psychiatric Association. 2013. Diagnostic and Statistical

Manual of Mental Disorders, Fifth Edition.

296.33 Major Depressive Disorder, severe, recurrent

304.00 Opioid Use Disorder Severe

V15.42 Personal history of neglect in childhood

V15.42 Personal history of psychological abuse in childhood

V60.0 Homelessness

V60.2 Extreme Poverty

V62.5 Imprisonment

DISCUSSION OF REFERRAL QUESTION:

Mr. Claudio met criteria for severe recurrent episodes of Major Depressive Disorder related multiple traumatic events, poverty, neglect, psychological abuse, and abandonment during his childhood. His symptoms are also related to his current detainment and pending legal case. His symptoms include depressed mood, loss of interest in activities, insomnia, memory and concentration problems, problems making decisions, frequent crying, social isolation, passive suicidal ideation, and appetite disturbances. Mr. Claudio is presenting with significant symptoms of a major depressive disorder.

Mr. Claudio also met criteria for Opioid Use Disorder, severe starting a few years ago after a back injury. Mr. Claudio was using Percocet multiple times a day for years. He experienced severe symptoms of withdrawal associated with his addiction. He is currently in remission due to his incarceration. It is recommended that Mr. Claudio receive mental health treatment focused on substance use dependence to prevent a relapse once he is released. It is likely that his opioid dependence is related to his previous symptoms of depression and was using Percocet to self medicate.

It is recommended that Mr. Claudio receive mental health treatment focused on the reduction his symptoms of depression and trauma and prevention of opioid dependence relapse.

Mr. Claudio's performance on the EIWA-III suggests that his total

IQ is in Average range. His intellectual capacities would permit him to finish his high school diploma and further studies as he has planned.

In terms of competency, Mr. Claudio fulfills clinical requirements. His diagnoses do not currently significantly interfere with his ability to understand legal proceedings, consult with counsel, and make decisions about his legal situation.

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